

U R B A N D I S T R I C T O F T O R P O I N T

THE
ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR

1964

Another difficulty in dealing with these infections is the comparative lack of facilities for isolating and identifying the agent responsible. The techniques and equipment for working in the laboratory with viruses are still being developed and evolving and are currently available to any extent outside the larger laboratories and research centres. They will of course eventually be made available more widely, but until this is the case much of our opinions must continue in the realm of speculation.

If one looks at a graph or diagram charting the incidence in this Health Area of newly notified cases of tuberculosis over the past 17 years there is no doubt that a gradual fall in incidence is clearly in evidence. This overall reduction is not in the nature of a smooth, and continuous downward gradient but shows more of a spiky hill and dale outline. Thus a year of very low incidence is frequently followed by a year or two of rising incidence followed in turn by a further fall in incidence. In 1963 the rate fell to a new low level of 0.22 per 1,000 of population, to be followed in 1964 by a noticeable rise to 0.37 per 1,000 of population. Of the 19 new cases coming to light during 1964, no less than 13 were in people aged 45 years or more. This serves to reinforce the current belief that the main reservoir of tuberculous infection is probably in the middle-aged and elderly section of the community, and especially in males in these age groups. In such cases it is not infrequently associated with and possibly masked by the "English disease" - chronic bronchitis. Difficulties of diagnosis are aggravated by lack of interest if not overt resistance to the diagnostic facilities made available by the Mass Radiography Service on the part of people, and more particularly males, in the older age groups. Relatively low rates of tuberculin sensitivity amongst 12 year old schoolchildren were again found in 1964 when the rate was 5.1 per cent of 507 children who had the test applied and subsequently read. This indicates that the majority of children up to this age are escaping contact with tuberculous infection, and suggests that there is some reduction in the size and extent of the pool of unknown tuberculous infection. In this connection it is interesting to note that as recently as 1954 children only slightly older were showing a positive reactor rate of 14.3 per cent.

There were three deaths attributed to tuberculosis during the year. Of these two were chronic sufferers whose disease had not responded to a variety of treatments. The other of a 65 year old woman, was only discovered as a result of an autopsy carried out.

The welfare of elderly people, especially those living alone, and those living in old houses and cottages lacking amenities, continued to pose problems and cause anxiety. In a great many instances the Home Help Service did valuable work in enabling old people to continue to live at home. This arrangement is not only humane, but imposes much less of a financial burden on the general body of ratepayers and taxpayers. There are however limitations to the extent and type of home help which can be provided to allow old persons to continue to live at home, and in such cases, and there are many of this type, the only satisfactory solution is admission to a County Council home for old people. In spite of extra provision which has been made in recent years the demand for places in such homes still outstrips the supply with the result that waiting lists, and some system of priorities in selecting people for admission are inevitable. At present the County Council provides some 145 welfare places in homes in this Health Area. Of these 74 are in Lamellion Hospital, Liskeard, 35 at Polvellan House, Looe and 36 at St. Annes, Saltash. The County Council is under an obligation to the Hospital Management Committee to vacate the accommodation now in use at Lamellion Hospital Liskeard, and to replace the 74 places now available there, and provide some additional places it is proposed to provide two 48 place homes - one at Liskeard, and one at Callington. This new provision is scheduled for the financial year 1966/67, and the provisional capital cost of each home was estimated in 1964 at £82,000 or £1,700 per place provided. Whilst all concerned with the welfare of old persons would wish to see more generous provision of places in homes it is an inescapable fact that such provision represents a heavy financial burden on the community. If these difficulties are appreciated and seen against the larger picture of demands for better educational facilities, more and better hospital accommodation, increases in housing provision, more direction of resources into the solution of traffic congestion, then those concerned, and their relatives may be more tolerant of some delay in solving the problem of caring for old persons.

Recent outbreaks of enteric fever in this country have caused much concern and have underlined the need for higher standards of food hygiene. In this field the most important and usually the most faulty element is the human food handler. It is true that mal-functioning, badly maintained equipment can harbour and spread food poisoning infection. In the majority of outbreaks of illness contracted from food the principal culprit is the food-handler whose

standards of personal cleanliness are either indifferent or downright bad. The food Hygiene Regulations require the provision of adequate washing facilities but no regulation nor any amount of normal reasonable supervision can ensure that a careless employee makes use of such facilities. So often the human links in the chain to prevent infection of food are the weak ones which fail, and set at naught or seriously reduce the value of good premises and equipment. In saying this I would not wish the inference to be drawn that there are no deficiencies in the surroundings and equipment associated with the storage, display and handling of food. The most striking deficiency in the majority of establishments dealing with food is the absence or inadequacy of cold storage and cold display facilities. Refrigerated display counters for foods such as cooked meats, meat pies, and other items of food which are consumed without further cooking are still conspicuous by their absence, even in large stores where large amounts of such foods are stocked and sold. Too often one sees such items displayed in windows or on open counters where they are subject not only to infecting agents present in the air, and dust which surround them, but also to the higher ambient temperature which favours the growth and rapid multiplication of harmful bacteria, and moulds. I feel that in shops handling these foods, and indeed for those selling confectionary, and that noted West of England delicacy - clotted cream - such provision is to be regarded as something which a good well-run food store should not be without.

There has not been a great deal of activity in the field of local authority housing, nor have any large scale slum clearance schemes come forward during 1964. The heaviest demand for Council house tenancies is found in the urban districts notably at Saltash and Torpoint, where sizeable waiting lists are the rule, the position being rather easier in rural areas. Further provisions of houses specially designed to suit the needs of elderly persons has been made, and there appears to be no difficulty in finding tenants for such dwellings when they are completed. Many older dwellings have been saved from closing or demolition by the operation of improvement grant schemes. Provided such houses are structurally sound reasonably free from dampness, and have some space around them, they can be made into attractive and comfortable homes by the expenditure of a fraction of what would be required to provide the equivalent in living accommodation and amenities in a newly-built house. The extension of main water supplies, and sewerage and sewage disposal schemes into rural localities has done a great deal to encourage owners of older properties to take advantage of improvement grant schemes.

The piped water supplied by the East Cornwall Water Board has been of satisfactory quality, and has been generally adequate in quantity throughout the year. Local difficulties did occur from time to time due almost entirely to old and/or inadequate distribution mains. The Board is working to a programme for the renewal of such inadequate distribution arrangements, but this will have to be spread over a period of some years, and until it is completed wholly satisfactory supplies will not be possible in certain localities. Over and above the local difficulties the total amount of water available from the two main sources at Trekeive Steps and at Bastreet is only just sufficient to meet present demands, and I am glad to know that the Board has been given authority to proceed with a scheme to impound and store a large amount of water by means of a dam to be constructed in a moorland valley at Sibblyback to the north of Liskeard.

By the end of the year permission - so long awaited - had been given for a start to be made on the scheme for sewage disposal in the Borough of Liskeard. This when completed will remove a major source of pollution of what is otherwise a pleasant inland river. Further schemes are in hand or have been completed in the Liskeard and St. Germans Rural Districts, and in the Liskeard Rural District the position has now been reached where relatively small communities in hamlets are being provided with proper means of sewage disposal - a far cry from the primitive and thoroughly unsatisfactory state of sanitation which existed as recently as 10 - 12 years ago. At the principal holiday resort in this Area - Looe - the unsatisfactory and objectionable method of discharging crude sewage into the river continues, and at the time of writing I am not aware of definite proposals to remedy this unpleasant state of affairs. As long ago as 1949, soon after my appointment as Medical Officer of Health, I wrote my first adverse comment on the arrangements, or rather the lack of them, for sewage disposal at Looe. In each succeeding annual report over the past 15 years I have repeated this critical comment and am sorry to have to again do so in 1964. By contrast with other parts of the Health Area where progress in providing modern methods of sewage disposal has been proceeding steadily the position at Looe is becoming yearly more difficult to defend and justify.

The disposal of household and trade refuse presents a problem which continues to grow from year to year. Allied to an increase in the volume of refuse is the difficulty in finding suitable sites for disposing of it. Moreover the present generation is apt to take a more critical view of disposal methods and the day to day management of refuse tips. I do not quarrel with this attitude since a badly sited, and inefficiently managed tip can without doubt be a source of considerable nuisance to those living and working in the vicinity of the tip. If however, these higher standards are to be achieved and maintained members of District Councils, and ratepayers will have to come around to the realisation that more money will have to be spent on this service, and I am glad to see that most Councils when faced with this problem have accepted the necessity for this.

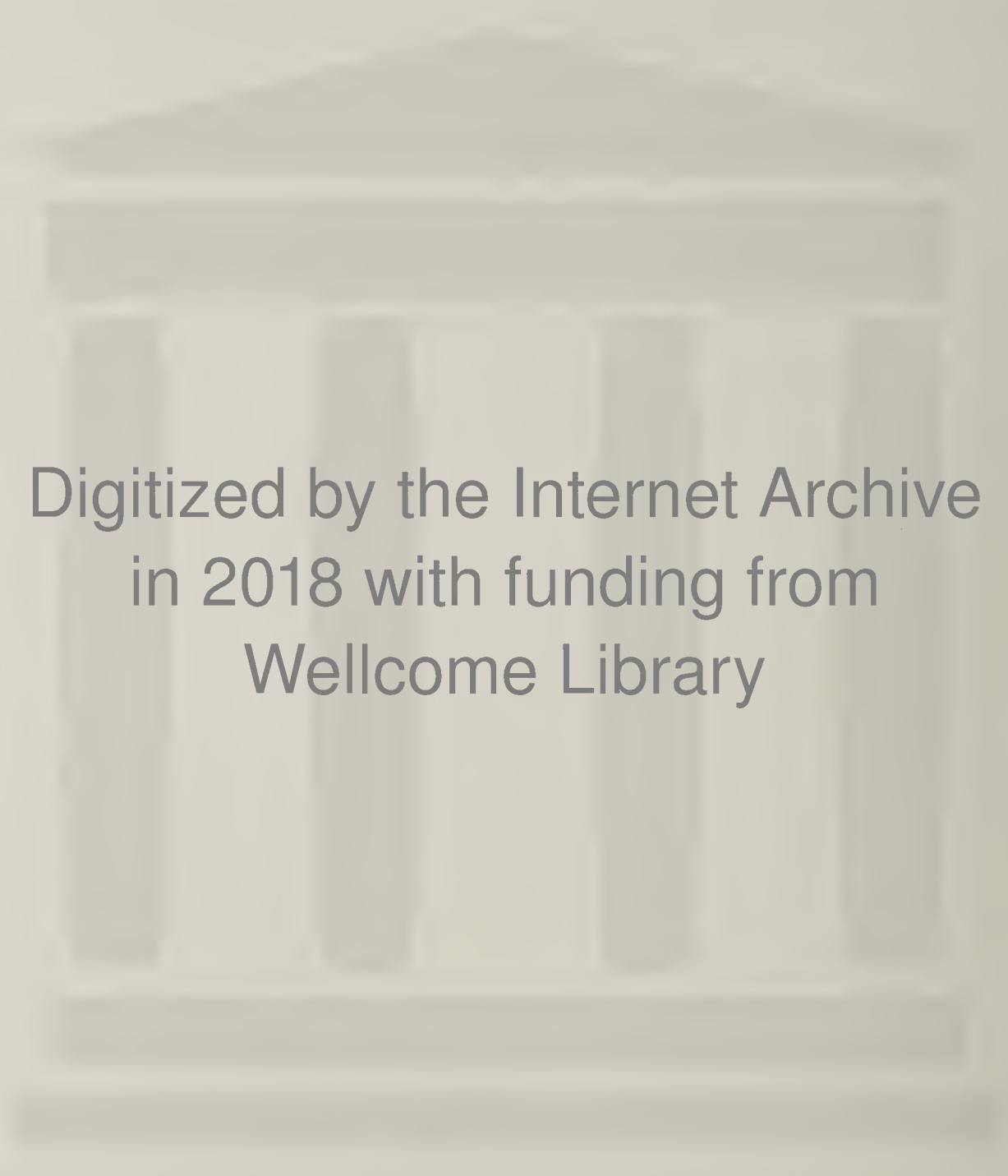
In concluding this general preface I should like to thank the Members and the Officers of all six District Councils in the No. 7. Health Area for the understanding and help they have given me during the year.

I have the honour to be.

Your obedient Servant,

P.J. FOX

Medical Officer of Health.



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TORPOINT URBAN DISTRICT

Health, Housing & Works Committee

Councillor E.J. Cocks,			Chairman.
Councillor W.T. Jarvis			Vice Chairman.

Public Health Officers of the Authority

P.J. Fox, M.B., B.Ch., B.A.O., D.P.H. Medical Officer of Health.

Health Area Office,
West Street,
Liskeard,
Cornwall.
Telephone - Liskeard 3373.

W. Hogarth, F.F.S., M.R.S.H.....		Senior Public Health Inspector.
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I.C. Prowse			Public Health Inspector.
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Council Offices,
York Road,
Torpoint,
Cornwall.

Telephone - Torpoint 410.

TORPOINT URBAN DISTRICT

Area of Urban District	975 acres
Population (Registrar-Generals Estimate)	6,710
Number of Inhabited Houses	1,405
Rateable Value	£162,956.
Product of Penny Rate	£640.

Vital Statistics for 1964

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Live births	38	43	81
	<u>Torpoint U.D.</u>	<u>Health Area No.7.</u>	<u>England & Wales</u>
Birth rate per 1,000 of population	19.2	18.8	18.4
Still births	None registered		
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths	39	24	63
	<u>Torpoint U.D.</u>	<u>Health Area No.7.</u>	<u>England & Wales</u>
Death rate per 1,000 of population	13.4	11.7	11.3
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths of infants under one year of age	1	-	1
	<u>Torpoint U.D.</u>	<u>Health Area No.7.</u>	<u>England & Wales</u>
Infant mortality rate per 1,000 live births	12.3	19.6	20.0

Principal Causes of Death at All Ages

Heart disease	17
Cancer (all sites)	13
Stroke	12
Circulatory disease	7
Respiratory disease	6

There was an excess of live births over deaths of 18, and for the second year in succession no still births were registered. The principal causes of death conformed to the usual pattern, but coronary artery disease of the heart appeared to be more prevalent as a cause of death than in other parts of S.E. Cornwall. Of those who died during the year 40% had reached or exceeded the age of 75 years at the time of death.

Infectious Disease

No cases of infectious disease (other than tuberculosis) were notified during 1964.

Tuberculosis

One case only was notified during the year. It was respiratory infection involving a 61 year old woman.

The following are details of this case and case rates:-

<u>Age Group</u>	<u>New Cases</u>	
	<u>M</u>	<u>F</u>
0 - 4	-	-
5 - 14	-	-
15 - 24	-	-
25 - 44	-	-
45 - 64	-	1
65 and over	-	-
	-	1

	<u>Rate per 1,000 of population</u>	
	<u>Torpoint U.D.</u>	<u>Health Area No.7.</u>
New cases	0.15	0.37
All known cases	4.02	3.90
Deaths	-	0.06

At the end of 1964 there were 22 known cases of respiratory tuberculosis and 5 known cases of non-respiratory tuberculosis residing in the Urban District.

National Assistance Act, 1948

No action under Section 47 of this Act was called for during 1964.

Water Supply. Whilst the bacteriological quality of the water supplied to consumers was satisfactory, there have been occasional complaints of discolouration and sediment in the water. These are due to inadequacies in the distribution system, and are likely to recur until such time as renewal and modernisation of the distribution system in the town can be put in hand by the East Cornwall Water Board.

Sewerage and Sewage Disposal This continues as before and although the discharge of crude sewage into the Hamoaze estuary cannot be called satisfactory no complaints were received.

Food. The general standard of food hygiene in shops and catering establishments was satisfactory.

No cases of food poisoning were notified during the year.

Factories Act, 1961 No difficulties in the administration of this Act were encountered during 1964.

Report by Public Health Inspector

This report by the Senior Public Health Inspector follows. I should like to thank Mr. Wilson Hogarth and Mr. I.C. Prowse for the assistance I have had from them during the year.

Public Health Inspector's Report for 1964

Sanitary Circumstances of the Area

Water Supply.

The East Cornwall Water Board is responsible for the public water supply and distribution functions in the area. As in previous years, there were complaints from time to time of unusual tastes and discolouration of the water, but the bacteriological quality remains satisfactory. The Water Board is investigating the cause of these local disturbances. It is not an easy matter, however, to convince members of the public that there is no danger from the health point of view, and until such time as a solution is found, the water will no doubt be blamed for minor stomach upsets.

During the year under review, six samples from the treated water supplies in the town were taken and submitted to the Public Health Laboratory at Plymouth for bacteriological examination. In all cases the reports were entirely satisfactory and the water was considered suitable for domestic use. On the question of sampling, it should not be overlooked that the Water Board carries out routine and regular checks on the quality of the water.

Drainage and Sewerage.

As in previous years, there was no trouble with this service during the year. The Council entered into a Contract with a gully cleansing firm for the emptying of road gullies at three monthly intervals with a vacuum pump. This saves valuable labour and time.

The sewerage system in Torpoint continues to extend in various directions, mainly because of the activities of private developers, and the amount of land which can now be provided with public sewers is very limited indeed. The time is very soon coming when the Council must consider the enlargement of one or more of the sewer outfalls and the possibility of other sewerage works.

Refuse Collection and Disposal

The Council's refuse collectors have worked under extreme difficulties during the year. The vehicle which has given eleven years' service, constantly gave trouble and it is indeed fortunate that the Council has agreed to the purchase of a new 35 cub. yard Pakamatic Refuse Collection Vehicle. Housing Development in Torpoint continues with the result that extra bins have to be collected each week, and the weekly collection has only been maintained through the conscientious work of the refuse collectors.

Refuse disposal is now becoming a serious problem. Tipping has continued at Borough Quarry and at Effords Bridge, although the space available at both of these sites will soon be exhausted. At present there is no proposal for a future tip, but very soon a solution to the disposal of house refuse will have to be found. It is interesting to note that in Cornwall all of the thirty District Councils dispose of refuse by some form of tipping, and although controlled tipping is a valuable means of reclaiming land, Torpoint seems to be unfortunate in obtaining a suitable site without strong objection.

Housing.

During the period under review, fifteen flats in Antony Road were completed and occupied. For the time being the completion of this project means a standstill to the building of Council houses, as the amount of land which can be provided with public sewers is very limited. The Council, however, commenced negotiations for $\frac{3}{4}$ acre of land at Barossa Place, which could well fulfil some of the urgent need for housing accommodation. It is also hoped that within a reasonable period redevelopment can take place in the Harvey Street/Rowe Street area.

Slum Clearance

After much deliberation, most of the property in Harvey Street was declared as unfit, and it was decided that Clearance Areas should be formed.

As mentioned in the previous paragraph, it is hoped to carry out a redevelopment scheme for the area lying between Harvey Street and Rowe Street and bounded on the south by Eliot Square.

Factories.

Routine inspections of factories were carried out during the year, and little was found to complain of within the scope of the Act.

Shops and Food Premises.

The following is a summary of the food premises in the Urban District:-

5 Butchers.
11 Grocers.
3 Bakers/Confectioners.
2 Cafes.
2 Sweet Shops/Newsagents.
3 Greengrocers.
2 Fish and Chip Shops.

.. -----

3 Private Clubs

6 Licensed premises.

Many of the premises referred to above are also licensed for the sale of ice cream, and four of the grocers are licensed purveyors of milk. All milk sold in the Urban District is pasteurised.

Premises registered under section 16 of the Food and Drugs Act, 1955, are as follows:-

Sale of ice cream.	16
Manufacture and sale of cooked meats.	1
" " " " " "	
and sausages.	3

There are three food shops registered for the sale of Cornish cream.

Food Sampling.

The following samples were taken during the year, and the Public Health Laboratory reports upon all of these were satisfactory:-

12 samples of Ice-cream.
13 " " Milk.
3 " " Frozen Peas.
3 " " Fish Cakes.
1 sample of Cockles.
1 " " Shrimps.
1 " " Luncheon Meat.

The general standard of food premises in the area is quite good, and all of the twelve samples of ice-cream were classed as Provisional Grade 1. This, I consider most satisfactory and would appear to reflect favourably both on the manufacture and handling of this product.

Two Preliminary Notices were served with regard to contraventions under the Food Hygiene Regulations, and both were complied with.

The following foods were surrendered voluntarily for destruction:-

- 4 lbs. Pork Luncheon Meat.
- 4 lbs. Tinned Ham.
- 12oz. Tin of Minced Beef Loaf.

Offices, Shops and Railway Premises Act, 1963.

The provisions of this Act required that on or after 1st May, 1964, anyone intending to employ people in office, shop or railway premises will be required to send notification in the prescribed form to the authority responsible for enforcing the Act in the premises; premises in use were to have been registered before the 31st July, 1964.

The Act sets out certain requirements to be enforced, including Registration, Cleanliness, Overcrowding, Temperature, Ventilation, Lighting, Sanitary Conveniences, Washing Facilities, Drinking Water, Accommodation for Clothing, Seating Arrangements, Eating Facilities and First Aid.

Certain regulations regarding the above will not come into operation until 1965, but already much additional work is being placed on the department.

Rodent Control

No complaints of rodent infestation were received during the year, but the usual routine inspections were carried out and a close check kept on the sewers. The refuse tips were treated at regular intervals.

Vermin.

One complaint of verminous premises was received, and the usual disinfection carried out.

Public Health Inspections of the Area

I. Inspection of Dwelling Houses during the Year.

- | | |
|--|----|
| 1. (a) Total number of dwellinghouses inspected for defects under Public Health & Housing Acts. | 36 |
| (b) Number of inspections made for the purpose. | 78 |
| 2. (a) Number of dwellinghouses (included in sub-head 1 above) which were inspected and recorded under the Housing Consolidated Regulations 1925 & 1932. | 0 |
| (b) Number of inspections made for the purpose. | 0 |
| 3. Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation. | 12 |
| 4. Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation. | 5 |

II. Remedy of Defects during the Year without Service of Formal Notices.

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their Officers.	3
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III. Action under Statutory Powers during the Year.

- (a) Proceedings under Sections 9,10 and 16 of the Housing Act,1936, and Sections 10 and 12 of the Housing Act,1957:-
1. Number of dwellinghouses in respect of which notices were served requiring repairs. 1
 2. Number of dwellinghouses in which defects were remedied after service of formal notices:
 - (a) by owners. 1
 - (b) by Local Authority in default of owners. 0
- (b) Proceedings under Public Health Acts:-
1. Number of dwellinghouses in respect of which notices were served requiring defects to be remedied. 2
 2. Number of dwellinghouses in which defects were remedied after service of formal notice:-
 - (a) by owners. 2
 - (b) by Local Authority in default of owners 0
- (c) Proceedings under Sections 11 and 13 of the Housing Act,1936, and Section 10 of the Local Government (Miscellaneous Provisions) Act,1953, and Sections 16 and 23 of the Housing Act,1957.
1. Number of dwellinghouses in respect of which Demolition Orders were made. 0
 2. Number of dwellinghouses demolished in pursuance of Demolition Orders. 0
 3. Number of undertakings not to use unfit houses accepted. 0
 4. Number of dwellinghouses in respect of which Closing Orders were made. 0
 5. Number of dwellinghouses in respect of which Closing Orders were determined. 0
- (d) Proceedings under Section 12 of the Housing Act,1936, and Section 18 of the Housing Act,1957.
1. Number of separate tenements or underground rooms in respect of which Closing Orders were made. 0
 2. Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement rooms having been rendered fit. 0

IV. Housing Act,1936, Part IV and Housing Act,1957, Part IV. Overcrowding:-

- (a) 1. Number of dwellings overcrowded at the end of the year 0
2. Number of families dwelling therein. 0
3. Number of persons dwelling therein. 0

	12
(b) Number of new cases of overcrowding during the year.	0
(c) 1. Number of cases of overcrowding relieved during the year.	0
2. Number of persons concerned in such cases.	0
(a) Drains tested.	34
No. of visits re drainage.	83
(b) Visits re infectious diseases.	
Premises disinfected.	0
(c) Inspections of Food Premises	91
(d) Inspections of shops under Shops Act.	28
(a) Inspections of Factories.	15
(f) Preliminary Inspection of houses for slum clearance plan.	14

APPENDIX 1. PRINCIPAL CAUSES OF DEATH - ALL AGES - 1964

DISEASE	ST. GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO. 7.
Heart disease	70	89	36	17	31	28	271
Stroke	31	26	20	12	27	4	120
Cancer (all sites)	31	24	24	13	10	9	111
Respiratory disease	19	10	7	6	4	2	48
Circulatory disease	8	6	3	7	2	2	28
Accidents	4	4	4	1	1	2	*16
Digestive disease	4	2	2	1	-	2	11
Suicide	2	4	1	1	-	-	8
* Includes 5 motor vehicle accidents.							

APPENDIX 2.

TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1964

TYPE OF DISEASE	ST. GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO. 7.
Coronary disease angina	37	33	18	13	9	13	123
Hypertension with heart disease	5	4	2	1	3	2	17
Other heart disease	28	52	16	3	19	13	131
Cancer of lung and bronchus	3	3	5	3	1	1	16
Cancer of stomach	6	3	3	3	-	-	15
Leukaemia	1	-	1	2	2	1	7
Cancer of breast	4	-	1	-	1	-	6
Cancer of uterus	-	1	2	-	2	-	5
Other Cancers	17	17	12	5	4	7	62

APPENDIX 3.

DEATHS BY AGE GROUP - 1964

DISTRICTS	0 - 4 YEARS	5 - 14 YEARS	15 - 44 YEARS	45 - 64 YEARS	65 - 74 YEARS	75 YEARS AND OVER	ALL AGES
ST. GERMANS R.D.	2	-	7	34	52	90	185
LISKEARD R.D.	9	1	7	37	54	78	186
SALTASH M.B.	6	-	1	23	27	51	108
TORPOINT U.D.	1	-	2	11	24	25	63
LISKEARD M.B.	1	-	1	9	20	48	79
LOOE U.D.	-	-	2	8	8	35	53
HEALTH AREA NO. 7.	19	1	20	122	185	327	674

APPENDIX 4.TUBERCULOSIS
NEW CASES AND DEATHS IN HEALTH AREA NO. 7. - 1964

<u>AGE GROUP</u>	<u>NEW CASES</u>		<u>DEATHS</u>	
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
0. - 4 YEARS	-	-	-	-
5 - 14 YEARS	2	-	-	-
15 - 24 YEARS	1	-	-	-
25 - 44 YEARS	1	2	-	1
45 - 64 YEARS	8	1	1	-
65 YEARS AND OVER	1	3	-	1
	<u>13</u>	<u>6</u>	<u>1</u>	<u>2</u>

	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
NEW CASE RATE PER 1,000 OF POPULATION	0.25	0.12	0.37
MORTALITY RATE PER 1,000 OF POPULATION	0.02	0.04	0.06

CASE RATES AND MORTALITY RATES PER 1,000 OF POPULATION IN THE
SIX COUNTY DISTRICT IN HEALTH AREA NO. 7. - 1964

<u>DISTRICT</u>	<u>NEW CASES</u>	<u>ALL KNOWN CASES</u> <u>AT 31.12.64</u>	<u>DEATHS</u>
ST. GERMAN'S R.D.	0.21	3.31	0.21
LISKEARD R.D.	0.30	3.20	-
SALTASH M.B.	0.13	3.37	-
TORPOINT U.D.	0.15	4.02	-
LISKEARD M.B.	0.66	7.06	-
LOOE U. D.	1.78	5.58	-
HEALTH AREA NO. 7.	0.37	3.90	0.06
CORNWALL COUNTY	0.33	5.51	0.06

APPENDIX 5.CANCER OF THE LUNG AND BRONCHUS
DEATHS BY AGE GROUP - 1964

<u>AGE GROUP</u>	<u>MALES</u>	<u>FEMALES</u>
45 - 54 YEARS	1	-
55 - 64 YEARS	6	1
65 - 74 YEARS	5	1
75 YEARS AND OVER	1	-

PLUS 1 FEMALE IN 35-45 YEAR GROUP

DEATH RATE PER 1,000 OF POPULATION - 1964

	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
HEALTH AREA NO. 7.	0.275	0.039	0.314
CORNWALL COUNTY	0.316	0.072	0.388
ENGLAND AND WALES	0.453	0.082	0.535

Annual Report of the Medical Officer of Health
in respect of the Year 1964 for the Urban District
of Torpoint in the County of Cornwall

Prescribed Particulars on the Administration
of the Factories Act, 1961.

Part 1 of the Act.

1. - Inspections for the purpose of provisions as to health (including inspections made by Public Health Inspectors)

Premises. (1)	Number on Register (2)	Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1,2, 3,4, and 6 are to be enforced by Local Authorities.....	0	0	0	0
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.....	15	15	0	0
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises).....				
Total	15	15	0	0

2. - Cases in which defects were found.

(If defects are discovered at the premises on two, three or more separate occasions, they should be reckoned as two, three or more "cases")

Particulars (1)	No. of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (s.1.)	-	-	-	-	-
Overcrowding (s.2.)	-	-	-	-	-
Unreasonable temperature (s.3.)	-	-	-	-	-
Inadequate ventilation (s.4.)	-	-	-	-	-

Particulars (1)	Found (2)	Number of cases in which defects were found			Number of cases in which prosecutions were instituted. (6)
		Remedied (3)	Referred to H.M. Inspector (4)	By H.M. Inspector (5)	
Ineffective drainage of floors (s.6)	-	-	-	-	-
Sanitary Conveniences (s.7)					
(a) Insuffieient....	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Out-work	-	-	-	-	-
Total ,....	-	-	-	-	-

Part VIII of the Act

Outwork

(Sections 133 and 134)

There is only one outworker in the Torpoint Urban Area

